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SIGNATURE

2004 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Jan 26, 2004 08:00 AM Secretary of State DOCUMENT # P96000093059 1. Entity Name THE SHIPWRIGHT SHOP, INC. Mailing Address Principal Place of Business PO BOX 2745 208 4TH ST FT MYERS BEACH, FL 33932 US FORT MYERS, FL 33912 01232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0709073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent BICKEL, DAVID T DO NOT WRITE 208 4TH ST UNIT B IN THIS SPACE FORT MYERS, FL 33912 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BICKEL, DAVID T NAME U00000013514 01/26/04-80056-020 150.00 STREET ADDRESS 208 4TH ST B CITY-ST-ZIP FORT MYERS, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP upplied with the filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information nial report is true and accurate and true my signature shall have the same legal effect as if made under oath; that I am an officer or director trustee employeded the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information indicated on this report or supplement of the corporation or the receiver or

239-850-6844